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**\*BIBDATASHEET\***

CONFIRMATION NO. 7716

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/759,337	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 544922000100
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**APPLICANTS**

George Tidmarsh, Portola Valley, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/496,163 08/18/2003  
 and claims benefit of 60/488,265 07/18/2003  
 and claims benefit of 60/472,907 05/22/2003  
 and claims benefit of 60/460,012 04/02/2003  
 and claims benefit of 60/458,846 03/28/2003  
 and claims benefit of 60/458,665 03/28/2003  
 and claims benefit of 60/458,663 03/28/2003  
 and claims benefit of 60/442,344 01/23/2003  
 and claims benefit of 60/441,110 01/17/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 04/21/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

25226

**TITLE**

Treatment of benign prostatic hyperplasia

<b>FILING FEE RECEIVED</b> 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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